PATENT
450100-02223

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Hisashi TACHIBANA
Serial No.	:	09/459,967
For	:	DATA PROCESSING CIRCUIT
Filed	:	December 13, 1999
Examiner	:	Nhat Q. Do
Art Unit	:	2663

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Non-Fee Amendment Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on
July 1, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

July 1, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 1, 2003, please amend the above-identified

application as follows:

-1-

00131515

PATENT
450100-02223

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New York NY 10151

RECEIVED

JUL 0 9 2003

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450
Sir: Transmitted herewith is an amendment in the above-identified application.

__X__   No additional fee is required.

___   The fee has been calculated as shown below.

___   This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	11	Minus	= 20	0 ×	$18(9)	= $00.00
Independent claims	1	Minus	= 3	0 ×	$84(42)	= $ .00
			Total additional fee for this amendment			$ .00

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
***   If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

___   This application contains a multiple dependent claim. The required fee of $260 ($130) has been previously paid _, or is paid herewith _.

☐   This response is being field within the month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

☐   A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
___   A check in the amount of $ .00 is attached.
___   Charge $_ to Deposit Account No. 50-0320.

__X__   Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 1, 2003.**

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Dennis M. Smid, Reg. No. 34,930

_____
Name of Applicant, Assignee or Registered Representative

Signature

July 1, 2003

_____
Date of Signature

By: Dennis M. Smid
     Reg. No. 34,930
     Tel. (212) 588-0800

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